

**Adult Development and
Psychopathology**
GAL/AMC Training
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**What do we mean by
psychopathology?**

**Why is a rudimentary
knowledge of
psychopathology of
interest to GALs AMCs?**

Origins of Psychopathology

- Genetic Predisposition
- Temperament
- Situational Factors

In Divorces

- mental health issues may exist
- mental health issues may develop
- time of great stress and change
- many significant losses
- changes: status, self-concept, finances, living arrangements, separation from children, social circle

Mental health issues exist on a continuum, they are not a yes or no phenomenon.

Agonying
Horrible
Disastrous
Uncomfortable
Annoying
None

10 9 8 7 6 5 4 3 2 1

Unbearable Distress No Distress

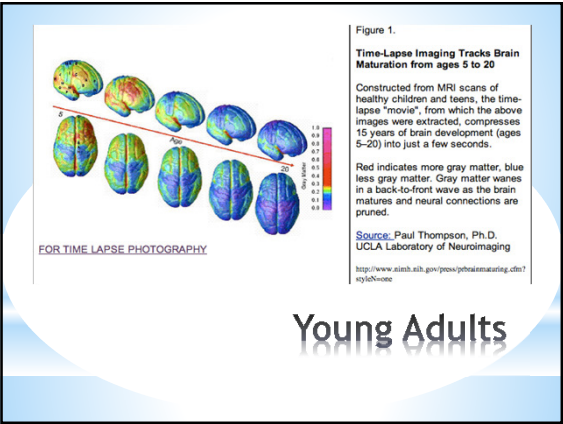
Task: _____

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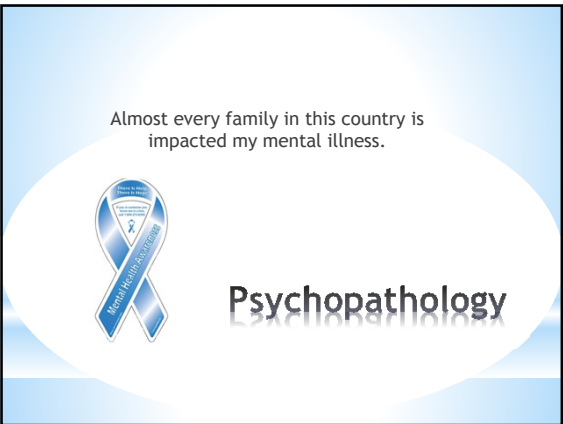
When do mental health issues become a problem?

"If you're going through your second childhood like Mom says, how come I never see you at school?"


Stages of Adult Development



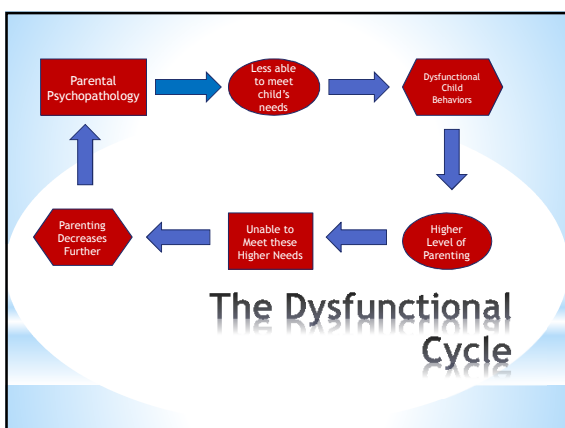




A higher rate of behavioral, developmental, and emotional problems in children of parents with psychopathology



Increased Risk to Children



- *Healthy parent will provide support for the compromised parent.
- *Healthy parent will buffer the child from the other parent's psychopathology.
- *Healthy parent will provide for the child's needs when the compromised parent can not.




*Psychopathology in Intact Family

* **Axis I Clinical Disorders**

* **Axis II Personality Disorders**

Most frequent co-morbid diagnoses are Substance Abuse and Depression

* **Comorbidity of Diagnoses**



*** Parental Depression**

- * Overreact to minor stressors
- * Low nurturance and sensitivity
- * Angry, negative parenting behaviors
- * Inattentiveness
- * Less consistent toward their children (i.e., ranging from withdrawn to controlling or intrusive)
- * Ineffective conflict resolution
- * Harsh, hostile coercive parenting or lax under-control
- * Inept discipline
- * Less positive tone of voice
- * Very critical of child and child's behaviors/negative perceptions

*** Parenting**

Co-Parenting

- * Depressed parent may complain about having to co-parent with partner...it's too much work.
- * Depressed parent may only see the negative traits in partner, negative behaviors from child, only focus on the negative, etc.
- * Depressed parent may not have much support from others, so will likely want more time with child....or may want less time, because s/he is overwhelmed.
- * Partner may complain that the child is making reports that s/he is often alone, bored, not cared for properly, etc.

*** Parental Depression**

GAL Considerations

- * Be aware of your biases. It is typical to be more forgiving of this disorder, and to expect a positive prognosis.
- * Look for other potential disorders and stressors.
- * They may not be able to engage meaningfully and actively in the mediation process.
- * May not appropriately advocate for themselves or their children.

*** Parental Depression**



Parenting

- * Allow less psychological autonomy
- * Show less warmth and positivity

Child Outcome

- * 7 times more likely to develop an anxiety disorder
- * About 80% of these children show insecure attachment organizations

<http://www.youtube.com/watch?v=VSnPjilEAZY>

*** Parental Anxiety Disorder**

Co-Parenting

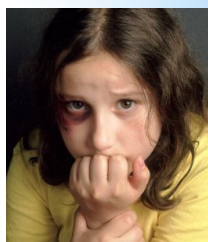
- * Anxious parent may worry about child in other parent's home, and may misinterpret ambiguous situations
- * Anxious parent may be too over-protective of child
- * Anxious parent will likely not promote contact with other parent, because separation is difficult
- * Other parent will complain that anxious parent "babies" child too much

*** Parental Anxiety Disorder**

GAL Considerations

- * Restrictive gatekeeping may be present
- * Be aware of potential future outcomes, such as parental estrangement/alienation
- * Help the anxious parent to identify long term goals for their child (e.g., independence), and how s/he can help the child to achieve these goals

* Parental Anxiety Disorder



* Parental Psychotic Disorder

- * Increased risk for neglect
- * Increased risk for abuse
- * Unresponsive, unstimulating in interactions
- * Less warmth and positive affect
- * Insensitive or intrusive parenting
- * Infanticide

* Parenting

- *Overall poor adjustment in all domains
- *Reverse parent-child roles
- *Poor interpersonal relations
- *Increased insecure/anxious attachment

***Child Outcome**

Co-Parenting

- *Psychotic parent may be quite paranoid about partner, and unwilling to work with him/her
- *Partner may worry considerably that the child is at extreme physical and psychological risk
- *Psychotic parent may get healthy with treatment, and then stop treatment and regress


***Parental Psychotic Disorder**

GAL Considerations

- *Be aware of your biases
- *Request a psychological evaluation
- *Be in consistent communication with MHP's
- *Check prescriptions.
- *Ensure that the child is protected (e.g., establish a protocol)

***Parental Psychotic Disorder**

- *Disorganization
- *Procrastination
- *Problems handling everyday stress/Low frustration tolerance
- *Moodiness
- *Quick to temper/Emotional reactivity



Cartoon by Dave Coverly: A principal sits at a desk with a sign that says "PRINCIPAL". A boy named Billy is sitting on the desk. The principal says, "We'll discuss your misbehavior in a moment Billy, but in the meantime, why don't you help yourself to a nice piece of candy?"

*Parents with ADHD

- *Increased family conflict
- *Less family cohesion
- *Poor monitoring and supervision
- *Less consistent discipline

*Parenting and ADHD

- * 40-60% of these parents will have an ADHD child
- * Poorer school performance than Non-ADHD children

*Child Considerations

Co-Parenting

- * ADHD parent will often forget schedule changes, partner's requests, etc. and will require a lot of help from co-parenting partner
- * ADHD parent will often not follow through and will be hard to count on
- * Partner will complain that ADHD parent is unreliable, difficult, intentionally resistant

*** Parent ADHD**

GAL Considerations

- * Consistency and routine in the schedule, communications, etc. will be important
- * Try to arrange that the non-ADHD parent facilitates organization and communication
- * Set up a system that will help to organize the child
- * Recommend organizational coaching for the parent

*** Parent ADHD**




*** Parental Substance Abuse**

- * Chaotic household
- * Inconsistent parenting
- * Poor communication
- * Inconsistent discipline
- * Inconsistent attention to the child's needs
- * Increased risk for abuse and neglect
- * Reduced involvement and shared activities

*** Parenting**

- * Poor overall adjustment
- * Poor impulse control
- * Problems with conduct
- * Higher risk for substance use/abuse

*** Child Outcome**

Co-Parenting

- * SA parent will allege that partner is using SA against them, and is exaggerating the issue
- * SA parent will not want to follow recommendations of partner, and be under their control
- * Partner will worry about spouse's return to SA, even if currently sober
- * Partner will worry about who will protect/help the child, since healthy parent is no longer there

*** Parent Substance Abuse**

GAL Considerations

- * Look for other potential disorders
- * Depending on age of child, recommend child education and support
- * Establish protective parameters
- * Age of child is important
- * Use substance abuse testing

* **Parental Substance Abuse**

* Women are almost three times more likely than men to attempt suicide

* Men are three to five times more likely than women to successfully commit suicide.

* **Suicide Statistics**

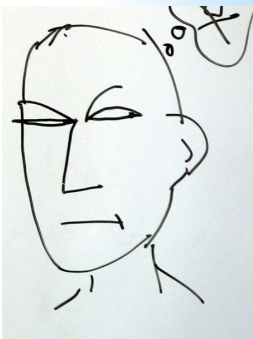
They are not empirically supported or clinically supported.....

* **The Reality of Personality Disorders**

- *Paranoid Personality Disorder
- *Schizoid Personality Disorder
- *Schizotypal Personality Disorder

***Cluster A Personality Disorders**

- *Distrust and suspicion towards others
- *Combative and hostile towards others
- *Cold and distant relationships
- *Unforgiving
- *Hypervigilant



***Paranoid Personality Disorder**

GAL Considerations

- *It will be difficult to build a relationship
- *Point out information that is inconsistent with their biases
- *Confirm information that supports their beliefs
- *Be aware of how your relationship with the other parent will be perceived

***Paranoid Personality Disorder**

- * Antisocial Personality Disorder (APD)
- * Borderline Personality Disorder
- * Histrionic Personality Disorder
- * Narcissistic Personality Disorder


*** Cluster B Personality Disorders**

Parenting

- * Harsh and inconsistent discipline
- * Reduced positive parental involvement
- * Poor monitoring and supervision

Child Outcome

Children who have biological parents with APD are more likely to develop ADHD and/or CD/ABD, even when not raised in their biological family.



*** Parental APD**

- * Impulsivity and inconsistency
- * Reduced sensitivity, affection, and warmth towards the child
- * Reduced parent-child boundaries
- * Role reversal: Child may try to take care of parent
- * Exposed to instability and reactivity
- * Increased risk for abuse and neglect
- * Neglect of child's emotional needs
- * Poor modeling of interpersonal relations
- * Exposure to poor choices in partners



<http://www.youtube.com/watch?v=upc8wWl6F7Y>


*** Parental Borderline Personality Disorder**

GAL Considerations

- * GAL will alternate between “all good” and “all bad.”
- * Boundaries are very important. The BPD will try to violate boundaries.
- * Acting out behavior should not be permitted or encouraged.
- * Complaints are common.

*** Borderline Personality Disorder**

- * Excessively dramatic
- * Seductive and flirtatious
- * Needs reassurance and approval
- * Emotional and superficial
- * Lacks depth in relationships




*** Histrionic Personality Disorder**

GAL Considerations

- * They want your approval. Use this to your advantage.
- * When they present their dramatic concerns, ask them for specifics and details ...and then ask for more.
- * Gender of GAL will be important.

*** Histrionic Personality Disorder**

- * Expects constant praise and admiration
- * Expects others to go along with their views
- * Easily hurt and rejected
- * Difficulty in understanding others' needs and being empathic
- * Sets unrealistic goals
- * Fragile self esteem



Snapshots at jasonlove.com

How singers become self-centered.

*** Narcissistic Personality Disorder**

- * Priority is parent's needs rather than child's needs
- * Insensitive to child's needs
- * Difficult to empathize with child and others
- * May be emotionally cold and distant
- * Lack of interest in child and his/her activities
- * Will need high amounts of admiration and love from the child
- * Child will be seen as an extension of themselves

*** Parenting and NPD**

* GAL Considerations

- * When trying to resolve issues, look to meet the needs of the NPD parent and the needs of the child.
- * Talk to the NPD parent about the "best" type of parenting, plan, etc.
- * They are very fragile...be careful.


*** Narcissistic Personality Disorder**

- * Avoidant Personality Disorder
- * Dependent Personality Disorder
- * Obsessive-Compulsive Personality Disorder

*** Cluster C Personality Disorders**

- * Tend to be high achievers
- * Perfectionistic
- * May emotionally withdraw in relationships
- * Excessively devoted to work
- * Inflexible and rigid
- * Preoccupied with details, rules, and routines

*** Obsessive-Compulsive Personality Disorder**



GAL Considerations

- * Help them to see the forest
- * Maintain a focus on concerns, rather than details
- * Break up issues, and resolve issues individually
- * Set time limits and other necessary parameters

*** Obsessive-Compulsive Personality Disorder**

*Domestic Violence is not considered a mental health issue, per se, but poses its own set of risks that can be, and sometimes are, serious (currently classified under physical or sexual abuse of an adult or child).

***Domestic Violence**

*Insight into one's illness
 *Pharmacological or treatment adherence
 *Social support of others
 *Positive personality traits
 *Capacity to respond to intervention

Getting Better

Day by Day
www.daybydayrecovery.com

***Determining Prognosis**

*How resilient is the child?
 *What are the parent's strengths and supports?
 *What are the parent's vulnerabilities and deficits?
 *What are the child's strengths and supports?
 *What are the child's vulnerabilities and deficits?

Evaluate for Potential Outcome

*How likely is it that psychopathology will continue?

*What is the likely outcome for the child if psychopathology continues?

*What is the likely outcome for the child if psychopathology does not continue?

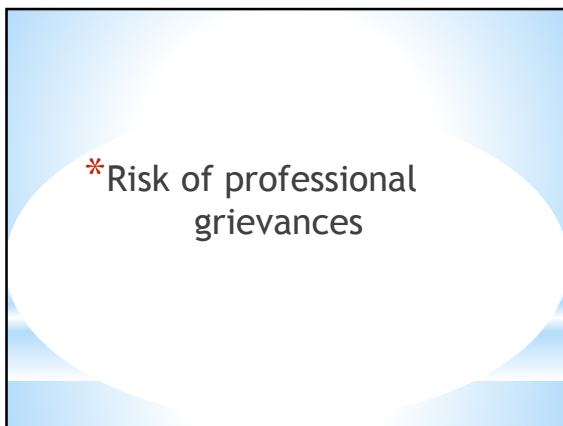
Risk Assessment

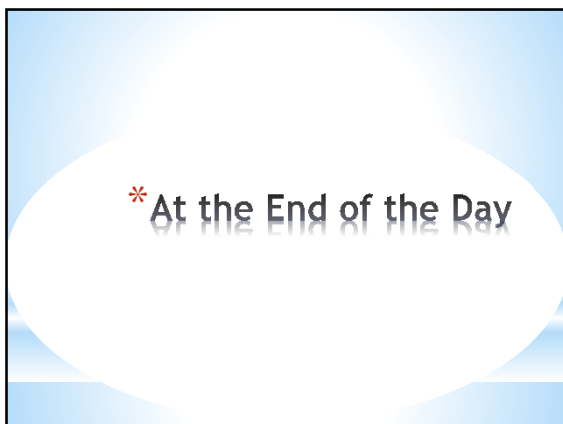
Risk assessment for the professional is also a consideration.

Be aware of potential dangers

*Emotional Violence
vs.
Predatory Violence







- *Supervision/Monitoring
- *Discipline/Control
- *Emotional Support
- *Warmth/Nurturance
- *Structure/Direction
- *Instruction/Learning
- *Support for Autonomy
- *Involvement
- *Communication
- *Age Appropriate Expectations
- *Good Parent-Child Boundaries

*What are we looking for in parenting abilities?

*Thank You.
